

WORLD AIDS DAY ADDRESS

THURSDAY, 1 DECEMBER 2016

MEC for Health, Honourable Butana Komphela and fellow Members of the Executive Council,

Members of the Provincial Legislature,

Provincial Chairperson of Salga,

Executive Mayors of Matjhabeng, Lejweleputswa and Honourable Councillors,

Heads of Provincial Government Departments and Municipal Managers,

Members of the Provincial Council on Aids,

Ladies and Gentlemen:

World AIDS Day is commemorated each year on the 1st of December and it is an opportunity for every community to unite in the fight against HIV, to show support for people living with HIV and remember those who have passed away. **The slogan for World AIDS Day 2016 is: “It is in our hands to end HIV and TB”.**

I am certain that most of us experience conflicting emotions when reflecting on the path we have travelled with the burden of this disease. This is so, because not long ago in our country - and even in many parts of the world - it was not uncommon for people to die and families to bury an alarming number of victims of this monstrous disease called Aids.

The devastating effect of the disease was evident from the mushrooming of mortuaries, legal and illegal, because of the demand for such morbid service. Many children were orphaned, many women became widows and many men became widowers. The traditional family structure in South Africa was disrupted and forced us into a redefinition of our own reality or mortality. The economic effects were equally devastating. We were faced with many political and economic conspiracies that accompanied this dragon that we had to challenge to save and shape not only the current but future generations of South Africans.

The South African government developed the most revolutionary intervention that saw an increased and unequalled rolling out of the largest and most comprehensive Anti-Retroviral Treatment in the world. This saved the lives of many of our family members who could easily have succumbed to the disease before 2009. That was the crucial turn-around of our fortunes in wresting control back from this disease.

This new dispensation was, of course, not without challenges. We continue to manage these as we seek to implement life-saving health programmes for all our people. As a country, we have had to continue managing the defects of the previous curative and hospital-centred care services whilst also seeking seeking to implement the radical course of Re-engineering Primary Health Care with its preventative-centered approach.

We may be pleased that we are in the process of gaining a health care system that is responsive to the needs of our people, whilst not forgetting the lives of those that we have lost in the fight against HIV, AIDS and TB.

Our country has taken the management of HIV, AIDS and TB so seriously that beyond the Department of Health at a National level and the Provincial Departments of Health, we have a growing institutional mechanism such as that of the South African National Council on Aids and its Provincial Chapters. These structures work relentlessly to establish partnerships and to elevate the extent of advocacy work. These are not by any means passive interventions; they are steeped in serious policy shifts and the budgets of the National Departments of Health and their Provincial counterparts bear testimony to this.

The Free State Provincial Strategic Plan (PSP) that has been implemented over the past 5 years has highlighted issues that are predominately related to the improvement and coordination of a multi-sectoral HIV and TB response. The success of the multi-sectoral approach has and will continue to require a concerted effort from multiple stakeholders that not only include Government departments but also NGO's, communities, Provincial Council on Aids, District Aids Councils and Local Aids Councils.

Wide stakeholder involvement is therefore paramount in order to improve on the mechanisms that will enable measurement of progress towards achieving the goals and set targets of the Province in totality, by all entities contributing to the HIV, AIDS and TB response.

Over the past five years our collaborative efforts have pursued the goals that are enshrined in the Free State Provincial Strategic (PSP) Plan such as:

- Reducing new HIV infections and TB case registration by at least 50%;
- Initiating at least 80% of eligible patients on ART and ensure that 80% of those initiated remain alive and on treatment by 2016;
- Reducing the number of HIV and TB deaths by 50%;
- Eliminating HIV and TB related discrimination and drastically reduce stigma

To implement these goals, we had to model our efforts into four Strategic Objectives for the Provincial Strategic Plan and these were:

- **Social and Structural drivers of HIV, TB and STIs**

The focus of this is on elimination of structural impediments in the HIV and TB response.

- **Prevention of new HIV and TB infections**

Strategies that were aligned to this strategic objective focussed on reducing new HIV infections among adults and children and new TB case registration by 50% by the end of 2016.

- **Treatment, health and wellness**

As a result of on-going investment in research, clinical experience, and community participation, people living with HIV and those affected with TB can enjoy long and healthy lives. For this to be a reality for everyone, it is important to get people with HIV into care early after infection to protect their health and reduce their potential of transmitting the virus to others.

Early diagnosis and effective treatment of TB disease will reduce TB deaths and on-going community spread of TB.

- **Protection of human rights and access to justice**

Focus is placed on reducing stigma and discrimination against people living with HIV and those with TB disease.

We are confident that the Department of Health has stabilized the various programmes that help to fortify our comprehensive response and fight to end the scourge of HIV and AIDS. Our confidence must, however, never result in complacency. This becomes more important when we consider that our country is faced with a quadruple disease burden and that mental ill-health also features prominently in its high level of co-morbidity with infectious diseases, such as HIV/AIDS and Tuberculosis (TB). In addition, its association with the growing burden of non-communicable diseases, such as cardiovascular disease and diabetes mellitus as well as high levels of violence and injury and maternal and child illness emphasize the urgent and constant necessity of ensuring that our programmes are implemented effectively and efficiently.

Mental health problems are common in HIV disease, causing considerable morbidity, and are often not easily detected by physicians. It is prudent therefore to increase levels of adherence to the treatment for either TB, HIV and AIDS and other non-communicable diseases.

South Africa is renowned world-wide for having implemented the most radical and comprehensive fight against the HIV and AIDS. Since 2009, the country has increasingly enabled access to life saving drugs, implemented various programmes aimed at easing access to prevention,

treatment and destigmatisation programmes for all the people that are infected and affected by the virus.

As part of rolling out these progressive, comprehensive and holistic programmes, the Minister of Health, Dr Aaron Motsoaledi, announced in his budget speech on the 10th May 2016, that in order to reach the UNAIDS 90-90-90 targets by 2020, South Africa had to scale-up National Health Insurance (NHI) facility decongestion to reach 800 000 patients during the 2016-2017 financial year. The country would implement the World Health Organisation (WHO) evidence-based guidelines of Universal Test and Treat (UTT) by 1st September 2016.

The Universal Test and Treat programme directly supports the UNAIDS targets of ensuring that:-

- 90% of all people living with HIV know their status
- 90% of people diagnosed with HIV receive sustained ART and
- 90% of people receiving ART have viral suppression

What is Universal Test and Treat - UTT?

Universal Test and Treat means that all HIV positive people (children, adolescents and adults) will be started on lifelong Anti- Retroviral Treatment (ART) as soon as they are diagnosed, regardless of their CD4 count. This is meant to assist them not to wait until their immune system is weak. Clients who had already tested positive and are on Wellness programmes shall be considered for UTT.

Willingness and readiness to start ART shall be assessed and clients who are not ready after assessment shall be kept in the wellness programmes to sustain the strengthening of their immune systems through healthy living programmes.

What is the state of readiness of the Free State?

- The province has started with the process of freeing up space in the clinics through implementing differentiated care facility decongestion strategies namely:-
 - Spaced and fast-lane appointments
 - Adherence Clubs
 - Central Chronic Medication Dispensing & Distribution (CCMDD)

This means that clients who are adherent and stable on treatment can be allowed to choose a preferred medication collection service amongst the above-mentioned 3 options. This will allow clinic personnel to focus on the new clients to be admitted with introduction of UTT.

It is not without significance that the health of the people of our country and province enjoy a strategic significance in the National Development Plan – Vision 2030. The NDP mentions seven different things for health. It says amongst others that by 2030 life expectancy must be 79 years. If life expectancy is only 70 years today, then we need to work out what needs to be done to improve this. We need to radically work against the causes of such a low life expectancy. We are required to ensure that the generation of under-20s must be HIV/Aids free. This is a huge

commitment that questions the current moral fibre and the making of our society and calls for radical change.

We are called upon to ensure that we reduce the infant mortality rate which is expected to be at less than 20 per 1000 live births and the child mortality rate must be less than 30 per live births. We must ensure that the causes of death in these significant populations are eliminated because they have implications for population growth, economic growth and the social make up of our country and province. You may not think about it, but it has significant implications for the global village that we inhabit.

The NDP also deals in elaborate ways with the burden of diseases, which in this province we say is a quintuple because we have

- HIV, Aids and TB;
- Maternal and Child Mortality;
- Non-communicable lifestyle illnesses such as hypertension and diabetes;
- Trauma, injury and violence;
- Mental Health is the fifth burden with implications for all of the above.

It is important therefore for our country to go to the lowest levels of diagnoses. We need not be an aggregate province in our quantification of the burden of diseases. We need to take this to the lowest level by deducing the burden of disease per locality and per district to the extent of understanding what exactly are also the social determinants of health in the province.

This requires that we are efficient in the use of the scarce resources that we are allocated. Quality and equity of the health care system must be guaranteed and universal health coverage must be available. Universal health coverage is the NHI which is the flagship of the programme of the Department of Health.

The theme of the 2016 World AIDS Day is; “**It is in our hands to end HIV and TB**”. Government cannot hope to end AIDS-related deaths and new TB and HIV infections without each and every one of us taking responsibility to join this struggle. We call upon each one of us to recommit to the following principles;

- We are a pro-active country in the HIV, TB & STIs response.
- We have formed a strong partnership between government, civil society, business and labour for our collaborative response
- We have developed and adopted a National Development Plan Vision 2030 which guides our efforts
- We all contribute towards the development of the country’s National Strategic Plan for HIV, TB and STIs which will be launched on 24 March 2017, World TB Day and
- We all commit to march towards ending AIDS and TB by 2030

I thank you.